



*City Pension Fund for Firefighters and Police Officers  
in the City of Miami Beach*



**FROM:** Celia B. Locke, CEBS  
Executive Director

**SUBJECT:** Direct Deposit of Pension Payroll  
Change in Financial Institution

*Please complete the enclosed authorization agreement for a change in direct deposit and have your bank complete the electronic transfer information. Return both forms to the Fire and Police Pension Office. We would also appreciate receiving a copy of a void check or deposit slip for our files.*

*Please note that the first month (IF DIRECT DEPOSIT FORMS ARE RECEIVED PRIOR TO PENSION DEADLINE), WILL BE A TEST MONTH and physical checks will be mailed to your home on the last working day of that month, NOT deposited to the previously named institution. IF THE DIRECT DEPOSIT FORMS ARE RECEIVED AFTER THE PENSION DEADLINE DATE, THERE MAY BE AN ADDITIONAL MONTH BEFORE THE TEST MONTH CAN BE ACTIVATED.*

**WE WILL NOTIFY YOU, IN WRITING, THE DATE THAT YOUR DIRECT DEPOSIT PROCEDURE WILL BE IMPLEMENTED**

*Should you have any questions, or require further information, please do not hesitate to contact our office.*

CBL/db

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the direct deposit of my monthly pension paid by the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach into the account and financial institution indicated below. Such direct deposit will be made on the last working day of the month, unless I choose to terminate this agreement in writing to the Fire and Police Pension Office. Any such notification to the Fire and Police Pension Office shall become effective at the earliest time the Fire and Police Pension Office is able to implement same.

In the event the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach deposits funds erroneously into my account, I authorize the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach to debit my account for an amount not to exceed the original amount of the credit.

I authorize the depository bank to refund to the City Pension Fund for Firefighters and Police Officers in the City of Miami Beach, any payments made subsequent to my entitlement to them.

It is expressly understood and agreed that the Board of Trustees is performing the above service as an accommodation to the undersigned and neither the Board nor the Funds shall be responsible for any loss, liability or damage connected with such service (or the failure to perform such service), except in the case of bad faith on the part of the Board of Trustees.

NAME OF BANK:

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ADDRESS:

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CITY, STATE, ZIP CODE

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CREDIT TO

CHECKING ACCOUNT NUMBER:

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or

SAVINGS ACCOUNT NUMBER:

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SIGNATURE:

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PRINT NAME:

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ADDRESS:

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CITY, STATE, ZIP CODE

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DATE:

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1691 Michigan Avenue • Suite 355 • Miami Beach, Florida 33139-2573 • (305) 673-7039



**TO BE COMPLETED BY FINANCIAL INSTITUTION**

**PENSIONER'S NAME:**

\_\_\_\_\_

**SOCIAL SECURITY NUMBER:**

\_\_\_\_\_

**PLEASE FORWARD FUNDS BY ELECTRONIC TRANSFER TO:**

**NAME OF DEPOSITORY BANK:**

\_\_\_\_\_

**CHECKING ACCOUNT NUMBER  
or  
SAVINGS ACCOUNT NUMBER**

\_\_\_\_\_

\_\_\_\_\_

**BANK ROUTING NUMBER:**

\_\_\_\_\_

**BANK'S ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER:**

\_\_\_\_\_

**CONTACT PERSON:**

\_\_\_\_\_

**NAME OF DEPOSITORY BANK:**

\_\_\_\_\_

**SIGNATURE OF BANK OFFICER:**

\_\_\_\_\_

**TITLE OF OFFICER:**

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**RETURN TO:**

**Celia B. Locke, CEBS  
Executive Director  
Fire and Police Pension Office  
1691 Michigan Avenue, Suite 355**

**Miami Beach, FL 33139-2573**

Your social security number is requested for purposes of determining eligibility for retirement benefits as a plan member, retiree or beneficiary; for processing of retirement benefits; for verification of retirement benefits; for income reporting; or for other notice or disclosures related to retirement benefits. Your social security number will be used solely for one or more of these purposes. The collection and use of your social security number is authorized by Section 119.071(5)(a)(2)(a)(II), Florida Statutes.

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